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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Complete if Known	
Application Number	10/019,199
Filing Date	12/20/2001
First Named Inventor	Maurer et al.
Examiner Name	Kishore, Gollamudi S.
Art Unit	1615
Attorney Docket No.	INEX.P-005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	\$585.00
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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card		
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other		
<input type="checkbox"/> None			
<input checked="" type="checkbox"/> Deposit Account		3. ADDITIONAL FEES	
Deposit Account Number: 15-0610		Large Entity Small Entity	
Deposit Account Name:		Fee Code Fee (\$)	
The Director is authorized to: (check all that apply)		Fee Description Fee Paid	
<input type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Code Fee (\$)	
Fee Description		Fee Paid	
1001 770 2001 385 Utility filing fee			
1002 340 2002 170 Design filing fee			
1003 530 2003 265 Plant filing fee			
1004 770 2004 385 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims -20**=		Fee from below	
Independent Claims -3**=		Fee Paid	
Multiple Dependent			
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Code Fee (\$)	
Fee Description		Fee Paid	
1202 18 2202 9 Claims in excess of 20			
1201 86 2201 43 Independent claims in excess of 3			
1203 290 2203 145 Multiple dependent claim, if not paid			
1204 86 2204 43 **Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)			
**or number previously paid, if greater; For Reissues, see above			
		Other fee (specify)	
		SUBTOTAL (3) (\$) 585.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Marina T. Larson, Ph.D.	Registration No. (Attorney/Agent)	32,038
Signature	<i>Marina T. Larson</i>	Telephone	970-468-6600
		Date	June 30, 2004

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